

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **29170**

No. 300
10-48

FILED AUG 23 1951

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2909	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granite City 8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lemay Nursing Home				d. STREET ADDRESS (If rural, give location) 2036 Washington Ave. 8			
3. NAME OF DECEASED (Type or Print) a. (First) Sarah			b. (Middle) Williams		c. (Last) Williams		
4. DATE OF DEATH		(Month) Aug.		(Day) 12		(Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓		8. DATE OF BIRTH Aug. 20, 1868		9. AGE (In years last birthday) 82	10. IF UNDER 1 YEAR Days 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - House Wk.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Waterloo, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Peter Kelly		13b. MOTHER'S MAIDEN NAME Mary May		14. NAME OF HUSBAND OR WIFE Edward (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME J. J. Sullivan ADDRESS 3611 Junata			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 6, 1951 to Aug 12, 1951 , that I last saw the deceased alive on Aug 12, 1951 , and that death occurred at 7:20 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Mitchell L. Bartnick (Degree or title) M. L.		23b. ADDRESS 7629 So. Broadway		23c. DATE SIGNED 12/14/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 12, 51		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Edwardsville Twsp. Ill.	
DATE REC'D BY LOCAL REG. 8-15-51		REGISTRAR'S SIGNATURE Robert P. Drake		25. FUNERAL DIRECTOR'S SIGNATURE Frank Meeker		ADDRESS 21416 N. Madison - Granite City, Ill.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Charles E. Meeker

Licensed Embalmer No.

2899

P. O. Address

Granite City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.